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Coordination and Expansion of Federal Health Activities¹

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In the discussion of the coordination and expansion of Federal health activities, I believe a brief historical outline of their development will furnish the best point of departure. Until 1879 the Marine Hospital Service exercised practically all of the Federal health functions. In that year an act was passed creating a National Board of Health to continue in force for four years. This board ceased to function in 1882 because Congress failed to appropriate money for its maintenance. The act creating the board was repealed in 1893. When the National Board of Health ceased to function in 1882, the Marine Hospital Service, under authority of the act of 1878, assumed Federal health functions. The epidemic fund was first authorized in 1882. Other laws were passed expanding the health functions of the Marine Hospital Service, the most important of which were the act of 1890 to prevent the introduction of contagious diseases from one State to another and the act of 1893 granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service.

This was the stage of development when I was assigned to duty in the Bureau of the Marine Hospital Service during the period of 1900-1903. In 1901 I had the honor of assisting former Surgeon General Wyman in the preparation of a bill changing the name of the "Marine Hospital Service" to the "United States Health Service." After many months of anxious work we had the great pleasure of seeing this bill enacted into law; but owing to internal service considerations,

¹ Read at the forty-seventh annual meeting of the American Public Health Association, held at New Orleans, La., Oct. 27-30, 1919.

the name was changed to "United States Public Health and Marine Hospital Service." Congress continued to expand the public health functions of the Service. In 1912, under Surgeon General Blue's direction, I had the honor of again being of some assistance in obtaining the passage of the act which changed the name of the Service to the "United States Public Health Service" and provided for its broad investigative authority.

From the above brief outline of the development of the Public Health Service it is clear that Congress intended to make of it the principal Federal health agency. Congress, however, has authorized other departments and bureaus to perform certain health functions. The principal ones among these are the Bureau of Chemistry, Department of Agriculture; the Children's Bureau and Bureau of Labor Statistics, Department of Labor; Bureau of the Census, Division of Vital Statistics, Department of Commerce; the Bureau of Mines, Department of the Interior; and the Interdepartmental Social Hygiene Board.

There has been considerable criticism of the scattering of health agencies among so many of the executive departments, even by Congress itself; in fact, Congress has directed that a report be made of the health activities performed by all departments.

Coordination of Federal Health Activities.

A review of the laws relating to Federal health activities will show that the Public Health Service has all of the authority to investigate the diseases of man and to control infectious and contagious diseases, which under the Constitution can be conferred by Congress upon any Federal agency whatsoever. The only limitations are constitutional, and those set by the appropriations and the available supply of men and women trained in preventive medicine.

Up to the present time Congress has appropriated to the Public Health Service for the fiscal year ending June 30, 1920, \$8,338,470, of which about \$3,000,000 is for public health work. In addition it has imposed upon the Service the duty of providing medical care for the discharged soldiers and sailors and authorized the acquisition of a number of additional hospitals. This will furnish wonderful opportunities for developing better methods of treatment and prevention of disease, especially tuberculous and neuro-psychiatric.

The review of the laws relating to Federal health activities will further show, as stated above, that several bureaus and divisions in several executive departments have been authorized by Congress to perform limited health functions in certain specific fields, for example, the Bureau of Chemistry, in so far as the Pure Food and Drugs Act relates to public health; the Children's Bureau, in so far as child welfare relates to health; the Bureau of Labor Statistics, in certain health functions in the matter of industrial diseases; the Bureau of Mines, in matters of health hazards in the mining industry; the Division of Vital Statistics, Bureau of the Census, in the matters relating to vital statistics; the Bureau of Entomology, in relation to the insect transmission of disease; the Bureau of Education, in the matter of school hygiene; and the Interdepartmental Social Hygiene Board in matters relating to the control of venereal diseases. Since all of these functions are also authorized for the Public Health Service, there is an



overlapping in the functions of those bureaus and divisions and the Public Health Service. There is also overlapping in the special fields of other bureaus. For example, the health of the child is often intimately related to industrial hygiene and to health hazards of the mining industry; and the Division of Vital Statistics overlaps all bureaus in so far as it is authorized to collect vital statistics which relate to the work of the other bureaus.

The confusion of effort and the duplication of work are not yet serious, for the bureaus are limited in their functions by their appropriations so that as yet they seldom cover the same field. Furthermore, they often cooperate with each other by agreement or detail of officers from one bureau to another. As an illustration, the Public Health Service has detailed officers to cooperate with the Bureau of Chemistry, Bureau of Labor Statistics, Children's Bureau, Working Conditions Service, War Risk Insurance Bureau, Employees Compensation Commission, Commission on Industrial Relations, Federal Board for Vocational Education, and others.

It can readily be seen that if the bureaus were provided with adequate appropriations their expansion would result in competition, jealousies, and duplication of work, with probable waste of Government funds.

The logical conclusion reached when one studies this question is to bring these several bureaus together and coordinate them under one administrative head. Obviously the several branches of public health work are so intimately related that the bureaus can not work to the best advantage in different departments. Infant hygiene fades imperceptibly into school hygiene, and school hygiene into hygiene of the child in industry. Public health is not a problem of separate age groups, racial groups, or occupation groups.

Without question one administrative head should have supervision over all of the civil Federal health activities. The necessity for this was realized during the war, and an executive order was issued July 1, 1918, placing civil health activities, except those exercised by the Bureau of Labor Statistics, under the supervision and control of the Secretary of the Treasury, through the Public Health Service.

Department of Health.

If all health activities are to be coordinated under one administrative head, the creation of a department of health with a Cabinet officer in charge, together with a transfer to it of all bureaus or parts of bureaus and divisions of the Government now engaged in such activities, is very generally considered the ideal method. Whether or not this is practicable at this time is a serious question. It is probable that both great parties will include such a policy in their platform in the next presidential campaign; and if they do, the chances for a department of health will be brighter than at present.

In the creation of a department of health, all of the bureaus or parts of bureaus and divisions and boards could be easily adjusted without the loss of prestige by any of them. Some functions could be consolidated into single bureaus, others coordinated in existing or newly created bureaus. The plan should be constructive of the agencies we now have, certainly not destructive.

The Public Health Service, owing to its size and present organization, would constitute the main foundation upon which to construct such a department. Its mobile corps of medical and sanitary personnel is an excellent one to expand so as to include in the commissioned corps all of the scientists and specialists transferred from the other departments in grades according to the nature of the work and experience of each. Furthermore, some provision should be made to commission high-class specialists in the various branches of preventive medicine from civil life, in grades commensurate with their ability and experience.

The mobile corps as expanded should continue under the supervision of the surgeon general, and should perform all of the medical and sanitary duties for all of the bureaus and divisions of the department.

The mobile corps should be composed of grades corresponding to the rank of surgeon general, deputy surgeons general at large, assistant surgeons general at large, senior surgeons, surgeons, passed assistant surgeons, and assistant surgeons, the number in each grade depending upon the needs of the departments. The tenure of office of members of the mobile corps should be the same as that of the present commissioned medical officers of the Public Health Service, and they should be entitled to the same pay, commutation, and allowances as are given those officers. After the emergency needs of the present health requirements of the country are met the appointments in the mobile corps should be made only to the lowest grade, as is now done in the commissioned medical corps of the Public Health Service.

The provisions for one well-organized, disciplined mobile corps of highly trained health experts to perform all of the medical and sanitary duties for all of the bureaus and divisions will doubtless be an effective agency in coordinating the work of those bureaus. The free transfer of the personnel of the corps from duty in one bureau to that in another would make for unity of development and tend to keep the bureaus in greater harmony. The mobile corps would be a large one, but not so large nor so divided into special branches as to prevent the development of a corps spirit which would present a united front for the work of the whole department. Without such a mobile corps each bureau would tend to develop separately, and instead of working in harmony there would spring up jealousies and competition with more or less duplication of work and waste of effort.

In the organization of the department there should be a secretary and assistant secretary, with the usual office personnel and accounting division. Under the general supervision of the secretary and assistant secretary there should be an executive office in charge of the surgeon general, and in this office there should be three divisions: (1) Personnel, (2) States' Relations, and (3) Scientific Research. Each division should be in charge of a deputy surgeon general. Under the general supervision of the executive officer there should be 12 bureaus, namely:

1. Mental Hygiene.
2. Child and School Hygiene.
3. Rural Hygiene.
4. Industrial Hygiene.
5. Foods and Drugs.
6. Public Health Information.
7. Sanitary Engineering.
8. Venereal Disease.

9. Tuberculosis.
10. Quarantine and Immigration.
11. Hospital and Relief.
12. Vital Statistics and Epidemiology.

The names of these bureaus indicate their functions. Each bureau should be in charge of an assistant surgeon general. The secretary and assistant secretary should be appointed by the President by and with the advice and consent of the Senate, in the same manner as other Cabinet officers and assistants are appointed. The surgeon general, deputy surgeons general, and assistant surgeons general should be appointed from the mobile corps for a limited term, under such tenure of office as will be to the best interest of the Government.

Upon the completion of duty in charge of the executive office or division or bureau, officers should be returned to the mobile corps in such grades as may be considered best. It is believed that this method of organization will tend to further unify the work of the department and promote efficiency in the scientific administrative heads.

I believe that this plan of organization of the departmental administration and the provision for a mobile corps will be better calculated to coordinate the Federal health activities than the plan of previous proposals to organize the department in independent bureaus and demobilize the present medical and sanitary corps of the Public Health Service. I can not believe that any plan should be proposed which does not utilize existing agencies to the best advantage.

Division of Health in an Existing Department.

If it is not practicable to obtain the ideal and create a department of health, I believe it would be practicable to transfer existing Federal health agencies to some existing executive department under an assistant secretary for health, and provide the same mobile corps and the same organization of executive office, divisions, and bureaus as have been described above for a department of health. The coordination which is so desirable in the future development of Federal health activities would be accomplished just as well in such a division of health as in a department. The prestige of such a division would probably not be so great as that of a department of health; but it would be a great step forward, and later, if the development warranted it, the division could readily be converted into a separate department.

Health Administration.

The transfer of all Federal health activities from the executive departments, and the creation of an independent organization to be known as "A Health Administration," without Cabinet representation, I do not believe is at all desirable. Without representation in the Cabinet, development will be slow and unsatisfactory. At least the experience of such independent agencies has not, up to the present time, been such as to offer much encouragement in this field. Such independent administration operated during the war with considerable success, backed by the patriotic cooperation of all the people; but could a health administration expect an order for a "health Sunday" to be as effective as the

orders for gasless Sundays and meatless and wheatless days were during the war? The reversion for feeling is too great to base an argument for a health administration on the operation of the Food and Fuel Administrations during the war.

Expansion of Federal Health Activities.

In the discussion of the subject of the expansion of Federal health activities, I can do no better than quote from a speech made by the majority leader of the House of Representatives, Mr. Mondell, on the subject of Federal aid extension plan for the rehabilitation of industrial cripples. He said:

So far as these duties and responsibilities are to be met and performed through governmental agencies, the primary responsibility is, of course, on the local and State governments. They are to a considerable extent responsible for the conditions which surround the citizen in his employment. They are on the ground and familiar with the conditions and armed with authority to deal directly with the situation.

All this being true, it is natural that it be urged that as the responsibility is primarily that of the State and local community, as they are best qualified for the understanding and their citizens are those most directly interested, they should assume and perform a duty and responsibility so clearly theirs.

These arguments have much force with those who realize the importance of confining the activities of the Federal Government within proper bounds and the even greater importance of insisting that the States and their communities shall, for their own good and that of the people generally, continue to assume and exercise their local duties and responsibilities.

There is, however, a growing sentiment in favor of national leadership, stimulus, and direction in various lines in which the primary responsibility is local and in which the States and communities must wield the laboring oar, and that sentiment has been strongly expressed in behalf of legislation such as that now before us. Without minimizing State and local responsibilities for the rehabilitation and the restoration to lives of usefulness of those who suffer the accident of industry, humanitarians, welfare workers, labor leaders, captains of industry, and forward-looking folks of all classes have urged that the Federal Government assume a position of leadership and guidance in this work of practical humanitarian endeavor.

The bill provides not only for Federal encouragement and direction in cooperation with the States in the work of preparing those injured in industry for lives of further usefulness, but it also provides for Federal contributions toward this cooperative work. These contributions will, of course, encourage the States and the communities in the performance of their duty in this regard; but more important than any cash contribution is the fact that the National Government recognizes the importance of saving industrial cripples from lives of despair and dependence; of placing them in the way of self-help; of restoring them to a condition enabling them to do their useful part in the world's work. * * *

No man who ever occupied a seat in this House has spoken more frequently or more earnestly than I against undue and improper extension of Federal authority, jurisdiction, and control. But, gentlemen, I have learned something in the more than 20 years of my service here, and I trust I have grown with the growth of the sentiment of the country in favor of progressive legislation. I trust that I can see things in the light of to-day rather than from the viewpoint of the past.¹

Later on in the discussion Mr. Mondell invited attention to the agriculture appropriation, which contained among other items the following:

Inspection and cure of scabies in sheep	\$ 525,000
Control of tuberculosis in domestic animals	1,500,000
Control of hog cholera	500,000
Control of Texas cattle tick	750,000
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Total	3,275,000

In closing he said: "Verily, I do not understand the philosophy of the gentlemen who insist we may properly do for swine what we may not do for humanity."²

¹ Congressional Record, Oct. 11, 1919, p. 7134.

² Congressional Record, Oct. 14, 1919, p. 7275.



The Lever rural health bill presented to the Sixty-fifth Congress is an example of the policy advocated by the Public Health Service in efforts to carry out its program of desirable health activities. On December 3, 1918, the Public Health Service presented to Congress a program for the "Conservation of Public Health," which sets forth in outline what the Service believes to be necessary in order to meet the urgent national needs and which will yield the maximum results in protecting national health and diminish the annual death toll taken by preventable disease. The program of the Public Health Service for the expansion of Federal health activities will be found in House Document No. 1539 of the Sixty-fifth Congress, third session (see appendix to this paper, p. 2772). This program is the goal for which the Public Health Service is aiming, and it is hoped that all persons interested in public health development will aid the Service in reaching its objective. We do not have to wait for the transfer of Federal health agencies into one department for this; all that the Service needs is men and money.

As stated before, for the investigation of the diseases of man and for the control of contagious and infectious diseases, the Public Health Service already has all of the authority which, under the Constitution, can be conferred by Congress. The greatest limitation is the amount of appropriation. Adequate expansion of the Service is limited only by the lack of money and men. Then, let us all unite to obtain health appropriations, and, when that is accomplished, I believe the coordination of existing agencies will be much more easily realized. If all health workers would get together and coordinate their efforts in backing up existing agencies, much more could be accomplished than by merely waiting for an ideal organization. Why wait? Use the means we have and results will come in large measure.

On the other hand, even should we obtain a department of health or an assistant secretary for health, with the transfers, we still would be confronted with the same necessity for appropriations, and the personnel problem would be just as difficult to solve as it is now. The greatest needs in Federal health activities are money and men.

In addition to the expansion of Federal health activities in the matter of extending Federal aid to State and local health agencies, the Federal Government has at least two other definite responsibilities:

1. International control of disease, and
2. Interstate control of disease.

For the international control it operates the maritime quarantine, and supplements this by the work of its consular service and the detail of Public Health Officers to the places which are likely to become a menace. For the interstate control of disease, the Federal Government, under several acts of Congress, undertakes certain measures, mainly through cooperation with State and local health authorities, and uses the Public Health Service for this purpose. In the past the Public Health Service has largely confined itself to measures of control after the disease needing control had gained a foothold in a State and had become a menace to other States. Under more modern methods, however, it has realized that its activities should be aimed at these diseases long before they

become a menace. As one example of the latter methods, the Service is enlarging the system of control of water supplies furnished to the traveling public by interstate common carriers. This control was first inaugurated January 25, 1913.

State and local health agencies have a vital interest in the interstate control of disease as well as the intrastate and intracommunity control.

With such closely related responsibilities why not form a joint partnership and work together for the one service—prevention of disease? For example, a case of typhoid fever in a remote rural district is a matter of joint interest to the county, State, and Federal health authorities. The typhoid germ does not recognize the county or State lines. It may find its way into intra- and interstate traffic and cause the loss of many human lives and the expenditure of large sums of State and Federal funds. The rational procedure would be to form the partnership and prevent or control all preventable diseases at their source. Such partnership would coordinate the work of Federal, State, and local health agencies, and I am sure all of us recognize the fact that there is just as urgent a necessity for this as there is for coordinating Federal health activities.

In the development of such a partnership we should not lose sight of the American principle of local self-government. The local health unit should therefore be organized on this principle by each locality; but the State and Federal Governments should bear a just proportion of the cost and exercise such supervision as will insure efficient service.

With proper coordination between Federal, State, and local health activities, with adequate expansion of the interstate operation of the Public Health Service, and with the Federal aid extension plan, a synchronous move can be made in all States for the control of disease.

Such unity of action will bring results, and public health workers will reach many of the objectives for which they have so long fought. Without unity of action and with internal dissensions we will make little progress, and the hope of reaching our objectives will fade.



Seal of the U.S. Public Health Service designed by John M. Woodworth in 1872